DEPARTMENT OF HEALTH &. HUMAN SERVICES

STATEMENT OF

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PRINCIPAL DEPUTY OF THE
ASSISTANT SECRETARY FOR HEALTH

BEFORE THE

UNITED STATES SENATE

COMMITTEE ON INDIAN AFFAIRS

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MR. CHAIRMAN, VICE CHAIRMAN MCCAIN, AND MEMBERS OF THE COMMITTEE

Good morning. My name is Dr. Jo Ivey Boufford and I am a Principal Deputy of the Assistant Secretary for Health, Dr. Philip Lee, who heads the Public Health service (PHS). Thank you for inviting me to testify on the bill, So 2067, which would elevate the position of the Director of the Indian Health service (IHS) to an Assistant Secretary level and remove it from the organizational structure of the PHS.

The PHS/IHS Relationship

The close involvement of the Public Health Service with the Indian health program began in 1926 in response to that program's need for medical personnel and health service expertise, particularly in the area of communicable diseases. In recognition of that need, in 1955 the Indian health programs were transferred from the Department of the Interior to the PHS, an agency focusing exclusively on health.

The Indian Health service has availed itself of the benefits this relationship has offered by developing a health care delivery system and model that combines clinical services for individuals with community and public health programs. The Indian Health service delivery system includes the integration of:

- comprehensive curative, preventive and rehabilitative health care;

- supplemental services to improve access and appropriate utilization;
- public health, community and population-based programs;
- capacity-building programs;
- traditional American Indian/Alaskan Native beliefs and approaches to personal, spiritual and community health

When Dr. Lee was appointed Assistant Secretary for Health, one of his highest priorities was to meet with and to listen to concerns expressed by tribal personnel and their leaders. To this end, Dr. Lee, in cooperation with IHS, the American Indian Resources Institute, and the National Indian Health Board, has facilitated three regional meetings and one national meeting with tribal leaders and representatives. In addition, Dr. Lee and the leadership of all the PHS agencies, as well as representatives from other parts of the Department of Health and Human Services (DHHS), participated in the National Indian Health Care Summit held in Washington last month. They listened to and discussed the tribal concerns regarding Indian health interests and needs.

FY 1995 Budget and Staffing Levels

We also are aware of the frustrations the Indian tribes have over the staffing and funding levels in the FY 1995 Budget. In response to those concerns, a budget amendment was submitted to provide an additional $125 million for the Indian Health Service. This increase will guarantee that IHS will continue to be funded

This increase will guarantee that IHS will continue to be funded at the FY 1994 level for critical health care activities and also restore sanitation construction funding for new homes.

With regard to IHS staffing, we are working to provide staff to more effectively utilize the new facilities that have opened this year and those that will be ready to open next year.
We will take every step possible to achieve staffing reductions without adversely affecting patient care. For example, the current FY 1994 Public Health service hiring freeze specifically exempts essential patient care positions in IHS.

Views on S. 2067

Let me turn now to the bill introduced by vice Chairman McCain, and Senators Stevens, Cochran and Campbell. While we agree with the intent of the bill, to strengthen IHS, we do not believe that the health concerns of the Indian. people will be addressed more effectively or efficiently by elevating IHS to organizational independence within the Department as proposed by S. 2067.

IHS was originally placed within the PHS to fulfill its primary mission of providing and managing health care services for the Indian people. As part of PHS, IHS draws upon the expertise, programs, and professional relationships offered by the other health agencies within PHS. For example, IHS and Substance Abuse and Mental Health Services Administration have interagency

substance abuse programs. The Centers for Disease control and Prevention and IHS worked together to define the Hantavirus that infected many Indian people in the Southwest this past summer. The Health Resources and Services Administration place National Health Service Corps obligors in Indian health care sites.

Health Care Reform

We have a real challenge before us - how to improve the health of Native Americans and Alaskan Natives in a time of severe budget and staffing constraints. We believe health care reform is the term solution to this challenge. We must work to provide Indian people, as well as all Americans, with a guarantee of universal coverage and comprehensive services. The President's Health Security Act reaffirms the unique Federal role and responsibility for health care to Indian people, offers significant new benefits to Indian people, and provides new revenue streams to the IHS.

The Health Security Act authorizes additional appropriations of $1 billion, specifically for the IHS, over five years for enabling services such as transportation, outreach, and new construction. The Act authorizes a new loan program to finance capital improvements and other infrastructure development which will enable the Federal government to assist tribes and tribal organizations in obtaining the necessary capital to expand and improve local health care facilities. Comprehensive health care

reform is the best way to significantly expand services to Indian people. We look forward to working with you to ensure that the health of Native Americans continues to improve.

Thank you again for allowing me to express the Department's views on S. 2067. This concludes my statement. I would be pleased to answer any questions you may have.